

CLINICAL EXPERIENCE
PRECEPTOR EVALUATION
(To be completed by Paramedic or EMT-I)

Preceptor's Name:_____ **Hospital**_____

Paramedic/EMT-I's Name:_____ **Certification #**_____

Date of Experience:_____

Each of the statements below describes a characteristic of the nurse who was instrumental in providing the clinical experience. Indicate your rating of the above named preceptor by *circling* the appropriate number to the right of each item. Use the number code below:

4 = Extremely well, a good example, always, etc.

3 = Well done, frequently, usually, etc.

2 = Acceptable, sometimes, inconsistent, etc.

1 = Not done, poorly done, never, etc.

NA = Not applicable

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|---|---|---|---|---|------|
| 1. Sets and communicates realistic expectations | 4 | 3 | 2 | 1 | NA |
| 2. Approaches teaching and patient care with enthusiasm | 4 | 3 | 2 | 1 | NA |
| 3. Displays confidence in role as an EMS professional | 4 | 3 | 2 | 1 | NA |
| 4. Relates concepts to student's prior learning | 4 | 3 | 2 | 1 | NA |
| 5. Discusses practical application of knowledge or skills | 4 | 3 | 2 | 1 | ..NA |
| 6. Relates practice to clinical experience goals and objectives | 4 | 3 | 2 | 1 | NA |
| 7. Seeks learning opportunities for Paramedic/EMT-I | 4 | 3 | 2 | 1 | NA |
| 8. Answers questions clearly without confusion | 4 | 3 | 2 | 1 | NA |
| 9. Explains reasons for decisions and actions | 4 | 3 | 2 | 1 | NA |
| 10. Gives prompt and fair feedback of patient care and skills performance | 4 | 3 | 2 | 1 | NA |
| 11. Provides constructive input without discrediting previous knowledge | 4 | 3 | 2 | 1 | NA |
| 12. Compliments Paramedic/EMT-I for appropriate actions and decisions | 4 | 3 | 2 | 1 | NA |

COMMENTS:_____
